

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CAPGEMINI CASH BALANCE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/23/2000
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CAPGEMINI U.S. LLC 623 FIFTH AVENUE 33RD NEW YORK, NY 10022
2b	Employer Identification Number (EIN) 22-3712959
2c	Sponsor's telephone number 212-314-3100
2d	Business code (see instructions) 541600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/24/2010	BARRY DRAIFINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CAPGEMINI U.S. LLC 623 FIFTH AVENUE 33RD NEW YORK, NY 10022	3b Administrator's EIN 22-3712959 3c Administrator's telephone number 212-314-3100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	503
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	116
b Retired or separated participants receiving benefits.....	6b	8
c Other retired or separated participants entitled to future benefits.....	6c	364
d Subtotal. Add lines 6a , 6b , and 6c	6d	488
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	489
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1G 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CAPGEMINI CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CAPGEMINI U.S. LLC</u>	D Employer Identification Number (EIN) <u>22-3712959</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>33496762</u>
b Actuarial value	2b <u>36846438</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>6</u> <u>790180</u>
b For terminated vested participants	3b <u>368</u> <u>22945545</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>401159</u>
(2) Vested benefits	3c(2) <u>11360849</u>
(3) Total active	3c(3) <u>129</u> <u>11762008</u>
d Total	3d <u>503</u> <u>35497733</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.46 %</u>
6 Target normal cost	6 <u>2319498</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/22/2010</u>
Signature of actuary	Date
<u>ROBERT C. EAKER</u>	<u>08-03973</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES</u>	<u>203-852-1100</u>
Firm name	Telephone number (including area code)
<u>45 GLOVER AVENUE</u> <u>NORWALK, CT 06850-1235</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1646299	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	1646299	0
10	Interest on item 9 using prior year's actual return of <u>-34.44</u> %	-566985	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		6937832
b	Interest on (a) using prior year's effective rate of <u>6.44</u> %		446796
c	Total available at beginning of current plan year to add to prefunding balance		7384628
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	1079314	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	103.79 %
15	Adjusted funding target attainment percentage.....	15	103.79 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/11/2009	1048659				
07/14/2009	963075				
10/15/2009	1000000				
01/14/2010	963075				
			Totals ►	18(b)	3974809
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 3750581
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2319498
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2319498
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	2319498
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3750581
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1431083
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A</div> <div>Name of plan</div> <div>CAPGEMINI CASH BALANCE RETIREMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CAPGEMINI U.S. LLC</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>22-3712959</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE AND COX	
94-1441976	

(b)	Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	372484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EISNERAMPER LLP

13-1639826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 50 62 99	NONE	14678	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CAPGEMINI CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAPGEMINI U.S. LLC	D Employer Identification Number (EIN) 22-3712959	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5528540	963075
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	28161358	43707525
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33689898	44670600

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	135483	115623
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	135483	115623

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33554415	44554977
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3974809	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3974809

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	975796	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		975796

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9148397
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14099002

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2669345	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2669345
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	412484	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	16611	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		429095
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3098440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11000562
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EISNERAMPER LLP

(2) EIN: 13-1639826

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>CAPGEMINI CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAPGEMINI U.S. LLC</u>	D Employer Identification Number (EIN) <u>22-3712959</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>14</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☒ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Capgemini
Cash Balance Retirement Plan
Financial Statements and
Supplemental Schedules
December 31, 2009 and 2008**

Capgemini

Cash Balance Retirement Plan

Index

	Page
Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Plan Benefits December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Plan Benefits Years Ended December 31, 2009 and 2008.....	3
Statement of Accumulated Plan Benefits January 1, 2009	4
Statement of Changes in Accumulated Plan Benefits Year Ended January 1, 2009	5
Notes to Financial Statements.....	6-11
Supplemental Schedules	
Schedule of Assets (Held at End of Year) December 31, 2009	12
Schedule of Reportable Transactions Year Ended December 31, 2009	13
Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act ("ERISA") of 1974 have been omitted because they are not applicable.	

Report of Independent Auditors

To the Participants and Administrator of the
Capgemini Cash Balance Retirement Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Capgemini Cash Balance Retirement Plan (the "Plan") as of December 31, 2009, the related statement of changes in net assets available for benefits for the year then ended, the statements of accumulated plan benefits and changes in accumulated plan benefits as of and for the year ended January 1, 2009, and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management. Amper, Politziner & Mattia, LLP, whose practice was combined with the practice of Eisner LLP to form EisnerAmper LLP as of August 16, 2010, was engaged to audit the 2008 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed Amper, Politziner & Mattia, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by State Street Bank & Trust, the custodian of the Plan. Their report, dated October 14, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the 2008 financial statements taken as a whole and (b) the form and content of the 2008 information included in the financial statements, other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note 5, which was certified by State Street Bank & Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

EisnerAmper, LLP

August 23, 2010
Edison, New Jersey

Capgemini
Cash Balance Retirement Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value		
Mutual fund	\$ 43,707,525	\$ 28,161,358
Receivables		
Employer contributions	<u>963,075</u>	<u>5,528,540</u>
Total assets	44,670,600	33,689,898
Liabilities		
Accrued expenses	<u>115,623</u>	<u>135,483</u>
Net assets available for		
Plan benefits	<u><u>\$ 44,554,977</u></u>	<u><u>\$ 33,554,415</u></u>

The accompanying notes are an integral part of these financial statements.

Capgemini
Cash Balance Retirement Plan
Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions / (deductions) to net assets attributed to		
Investment (loss) / income		
Net appreciation / (depreciation) in fair value of investments	\$ 9,148,397	\$ (14,862,472)
Interest and dividends	<u>975,796</u>	<u>1,576,356</u>
	10,124,193	(13,286,116)
Employer contributions	<u>3,974,809</u>	<u>11,369,942</u>
Total additions / (deductions)	<u>14,099,002</u>	<u>(1,916,174)</u>
 Deductions from net assets attributed to		
Benefits paid directly to participants	2,669,345	4,752,995
Administrative expenses	<u>429,095</u>	<u>485,577</u>
Total deductions	<u>3,098,440</u>	<u>5,238,572</u>
Net increase / (decrease)	11,000,562	(7,154,746)
 Net assets available for benefits		
Beginning of year	<u>33,554,415</u>	<u>40,709,161</u>
End of year	<u>\$ 44,554,977</u>	<u>\$ 33,554,415</u>

The accompanying notes are an integral part of these financial statements.

Capgemini
Cash Balance Retirement Plan
Statement of Accumulated Plan Benefits
January 1, 2009

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 842,131
Participants with Deferred Benefits	25,002,128
Other Participants	<u>12,315,026</u>
Total vested benefits	38,159,285

Non-vested benefits	<u>428,746</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 38,588,031</u></u>
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The accompanying notes are an integral part of these financial statements.

Capgemini
Cash Balance Retirement Plan
Statement of Changes in Accumulated Plan Benefits
For the Year Ended January 1, 2009

Actuarial present value of accumulated plan benefits at January 1, 2008	\$ 36,530,304
Increase (decrease) during the period attributable to	
Benefit accruals	2,745,289
Benefit payments	(4,752,995)
Interest accumulation	2,555,187
Actuarial gain	<u>1,510,246</u>
Actuarial present value of accumulated plan benefits	<u><u>\$ 38,588,031</u></u>

The accompanying notes are an integral part of these financial statements.

Capgemini

Cash Balance Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The following brief description of the Capgemini Cash Balance Retirement Plan (the “Plan”) is included to give a general summary of its provisions. Participants should refer to the Plan document for more complete information.

General

The Plan became effective May 23, 2000 and is administered by Capgemini (the “Company”), formerly known as Cap Gemini Ernst & Young. The Plan is a noncontributory defined benefit plan which covers substantially all Vice Presidents or above (referred to as “Covered Persons”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). An employee shall be eligible to participate in the Plan on the first January 1 or July 1 on which the employee is a Covered Person, has attained age 21 and has completed at least one year of eligibility service.

A participant generally becomes fully vested after three years of service.

Pension Benefits

The Plan provides for an annuity to a participant equal to his accrued benefit which is calculated based on his cash balance account and an annuity factor based on actuarial equivalence. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination. If a participant dies before his pension commencement date, a death benefit equal to his accrued benefit is paid to the participant's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as it was at the time they became disabled.

Normal retirement date is the later of the date on which a participant attains age 65 or the earlier of the fifth anniversary of the date of the participant's commencement of participation in the Plan or the date on which the participant completes three years of vesting service.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Due to uncertainties inherent in developing the estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially impact the financial statements. Actual results could differ from those estimates.

Capgemini
Cash Balance Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

Investment Valuation and Income Recognition

Effective January 1, 2008, the Plan adopted FASB ASC 820, *Fair Value Measurements* (formerly Statement of Financial Accounting Standard No. 157, *Fair Value Measurements*). ASC 820 establishes a new framework for measuring fair value and expands related disclosures. ASC 820 requires fair value to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market, in an orderly transaction between market participants. Such is a market-based measurement, not an entity-specific measurement. ASC 820 establishes a three-level valuation hierarchy based upon observable and non-observable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 – Inputs other than quoted prices included in Level 1 that are observable either directly or indirectly; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data, for substantially the full term of the assets or liabilities.

Level 3 – Significant inputs to the valuation model that are unobservable, typically based on a Plan's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The methods of valuation described herein may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Plan contributions are invested in accordance with the trust agreement. Investments are stated at fair value by reference to quoted market prices.

Shares of mutual funds are valued at quoted market prices that represent the net asset value of shares held by the Plan at the end of the year.

Dividend income is recorded on the ex-dividend date. Interest income is recognized when earned. Income from other investments is recorded as earned on the accrual basis. Purchases and sales of securities are recorded on the trade date of the transactions. The cost at original trade date is used in determining the gain or loss on Plan investments sold.

Capgemini
Cash Balance Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

Contributions

Contributions made by the Company to the Plan are paid and accrued based upon amounts at least equal to those required to meet minimum funding requirements as determined by the Plan actuary and in accordance with the provisions of the Plan.

Expenses of the Plan

Administrative fees, to the extent directly related to the Plan, are charged back to the Plan. These fees include investment management, investment consulting and trustee fees. All other expenses are paid by the Company.

Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest and mortality rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could result in a material impact to the financial statements.

The Plan invests in a mutual fund. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect investment amounts reported in the statement of net assets available for benefits. Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2009 may not necessarily be indicative of amounts that could be realized in a current market exchange.

Mutual Fund Fees

Investments in mutual funds are subject to sales charges and annual fees for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the investment earnings activity and thus not separately identifiable as an expense of the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation as of the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan based on the estimates provided by the Plan's actuary, Hewitt Associates LLC, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, withdrawal or retirement) between the valuation date and the expected date of payment.

Capgemini
Cash Balance Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

The following summarizes significant actuarial assumptions used in the valuations as of January 1,

	2009	2008
Interest rate	7.50%	7.50%
Mortality	2009 Static Mortality Table for Annuitants and Non- Annuitants	RP 2000
Retirement age	Age 53 or current age if older	Age 55 or current age if older

The actuarial gain component in the Statement of Changes in Accumulated Plan Benefits is the result of changes in actuarial assumptions, including the mortality table and retirement age, and other net actuarial gains.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Accounting for Uncertainty in Income Taxes

The Financial Accounting Standards Board (FASB) issued an interpretation regarding Accounting for Uncertainty in Income Taxes. This interpretation clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with FASB ASC 740-10, Accounting for Income Taxes, and is effective for fiscal years beginning after December 15, 2008. The Plan adopted the provisions of the pronouncement and the adoption did not impact the amounts reported in the Plan's financial statements.

3. Pension Protection Act

On August 17, 2006, the Pension Protection Act (the "Act") was signed into law. Included in its many provisions are numerous revisions to rules surrounding defined benefit plans including rules that govern Plan funding. The Act establishes new minimum funding standards (effective for Plan years beginning after December 31, 2007) for defined benefit plans and limits benefit increases and accruals for underfunded plans. Pursuant to the Act, each year actuaries are required to certify to a plan's funded percentage. The Plan received such certification for the 2009 and 2008 Plan years for the Adjusted Funding Target Attainment Percentage ("AFTAP"), which is one way of measuring the funded status of a Plan using actuarial assumptions mandated by the IRS, and the actuary determined that the 2009 and 2008 AFTAP for the Plan is 103.8% and 85.7%, respectively.

4. Funding Policy

The Unit Credit Method is used by the actuary to calculate the annual maximum and minimum funding requirements for the Plan. The current funding policy is to contribute such amounts as the Company determines to be appropriate, subject to the funding requirements of ERISA. Actuarial gains (losses) are amortized ratably over five years for minimum required contributions and ten years for maximum tax deductible contributions. The Company was required to make a minimum funding payment in 2009 and 2008 of \$970,793 and \$3,852,298, respectively.

Capgemini
Cash Balance Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions set forth in ERISA.

5. Information Certified by Plan Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. The assets of the Plan are held by the Custodian. Accordingly, the Custodian has certified that all investments and related activity for 2009 and 2008 included in the accompanying financial statements and supplemental schedules are complete and accurate.

6. Investments

Investments which exceed 5% of the current value of net assets available for Plan benefits at December 31, 2009 and 2008 were as follows:

	<u>2009</u>	<u>2008</u>
Dodge and Cox Balanced Fund	\$ 43,707,525	\$ 28,161,358

The Plan presents in the Statement of Changes in Net Assets Available for Benefits, the net appreciation/depreciation in the fair value of its investments which consists of the realized gains and losses and the change in the unrealized appreciation/depreciation on those investments. Gains or losses are based on the average cost at the original trade date.

During 2009, the Plan's investments, which consist of mutual funds, appreciated in value by \$9,148,397. During 2008, the plan's investments depreciated by \$14,862,472.

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC").
- (b) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (c) All nonvested benefits.

Any residual assets attributable to the Company's contributions will be distributed to the Company if all liabilities of the Plan to participants and their beneficiaries have been satisfied and the distribution does not contravene any provision of law.

Capgemini
Cash Balance Retirement Plan
Notes to Financial Statements
December 31, 2009 and 2008

8. Parties in Interest

Plan investments represent shares in a mutual fund managed by the Trustee. Fund expenses are also paid to the Trustee. These transactions therefore qualify as party-in-interest.

9. Tax Status of the Plan

The Plan, as established, is designed in accordance with the Internal Revenue Code. On May 10, 2004, the Plan received an individual determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. Fair Value Measurements

The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Plan measured at fair value as of December 31, 2009 and 2008.

Investment Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Balanced Funds	43,707,525	-	-	43,707,525
Total investments at fair value	43,707,525	-	-	43,707,525
Investment Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Balanced Funds	28,161,358	-	-	28,161,358
Total investments at fair value	28,161,358	-	-	28,161,358

There were no trust investment assets at fair value classified within level 3 as of December 31, 2009 and 2008.

11. Subsequent Events

We evaluated subsequent events through the date the financials were available to be issued on August 23, 2010.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
June 11, 2009	\$ 1,048,659	8.46% ¹	\$ 1,004,663
July 14, 2009	963,075	8.46%	922,389
October 15, 2009	1,000,000	8.46%	938,140
January 14, 2010	963,075	8.46%	885,389
Total Contribution	\$ 3,974,809		\$ 3,750,581

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	3.00%	1.0000	1.65
56	3.00%	0.9700	1.63
57	3.00%	0.9409	1.61
58	5.00%	0.9127	2.65
59	5.00%	0.8670	2.56
60	8.00%	0.8237	3.95
61	8.00%	0.7578	3.70
62	15.00%	0.6972	6.48
63	10.00%	0.5926	3.73
64	10.00%	0.5333	3.41
65	75.00%	0.4800	23.40
66	50.00%	0.1200	3.96
67	50.00%	0.0600	2.01
68	50.00%	0.0300	1.02
69	50.00%	0.0150	0.52
70	100.00%	0.0075	0.53
Weighted Average			62.81

¹13.46% is the late quarterly contribution interest rate.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- The mortality assumption changed from the 2008 Static Mortality Table for Annuitants and Non-Annuitants to the 2009 Static Mortality for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, line 25—Change in Method

- A change in the interest rate lookback from the IRS December 2007 full yield curve rates to the IRS October 2008 full yield curve rates with sample rates as follows:

Duration	Rate
0	5.45%
5	8.25%
10	8.87%
15	8.65%
20	8.11%
25	7.71%
30	7.46%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2009 by Capgemini US LLC. Asset information and the dates and amounts of contributions are based on information supplied by Capgemini US LLC.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Capgemini Cash Balance Retirement Plan

B Three-digit
plan number (PN) ▶

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Capgemini U.S. LLC

D Employer Identification Number (EIN)

22-3712959

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 33,496,762**b** Actuarial value..... **2b** 36,846,438**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... **3a** (1) Number of participants 6 (2) Funding Target 790,180**b** For terminated vested participants..... **3b** 368 22,945,545**c** For active participants:(1) Non-vested benefits..... **3c(1)** 401,159(2) Vested benefits..... **3c(2)** 11,360,849(3) Total active..... **3c(3)** 129 11,762,008**d** Total..... **3d** 503 35,497,733**4** If the plan is at-risk, check the box and complete items (a) and (b)..... ☐**a** Funding target disregarding prescribed at-risk assumptions..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 8.46 %**6** Target normal cost..... **6** 2,319,498**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Robert C. Eaker

RCE

Signature of actuary

07/22/2010

Date

ROBERT C. EAKER

08-03973

Type or print name of actuary

Most recent enrollment number

HEWITT ASSOCIATES

(203) 852-1100

Firm name

Telephone number (including area code)

45 GLOVER AVENUE

NORWALK

CT 06850-1235

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1,646,299	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	1,646,299	0
10 Interest on item 9 using prior year's actual return of <u>34.44</u> %	(566,985)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		6,937,832
b Interest on (a) using prior year's effective rate of <u>6.44</u> %		446,796
c Total available at beginning of current plan year to add to prefunding balance		7,384,628
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	1,079,314	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	103.79 %
15 Adjusted funding target attainment percentage.....	15	103.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.23 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/11/2009	1,048,659				
07/14/2009	963,075				
10/15/2009	1,000,000				
01/14/2010	963,075				
Totals ▶			18(b)	3,974,809	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	3,750,581

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
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b Applicable month (enter code)**21b****22** Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 2,319,498**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

2,319,498

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 2,319,498**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

3,750,581

38 Interest-adjusted excess contributions for current year (see instructions) **38** 1,431,083**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Capgemini Cash Balance Retirement Plan
 EIN: 22-3712959 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		3	4	4						
40-44	1	5	6	9	5	2				
45-49	2	11	11	11	8	5	3			
50-54	1	4	6	4	2	4	5			
55-59	1	2	3	1		3	1			
60-64			1	1						
65-69										
70+										

N-129

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates

Based on the full Yield Curve with October 2008, with sample rates as follows:

Yield Curve

Duration	Rate
0	5.45%
5	8.25%
10	8.87%
15	8.65%
20	8.11%
25	7.71%
30	7.46%

Social Security Wage Base Increases

Future wage indices are based on a national wage increase of 3.00% per year.

Social Security COLA Increases

3.00%.

Optional Payment Form

Conversion Interest Rate

Conversion Mortality

Same as funding interest rates above for lump sums.
2009 Mortality Table for 417(e) for lump sums.

Retirement Rates

Active Participants

Terminated Vested Participants

See Withdrawal Table.
100% at age 53.

Mortality Rates

Healthy and Disabled

2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).

Withdrawal Rates

See Withdrawal Table.

Disability Rates

See Disability Table.

Surviving Spouse Benefit

It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are 3 years older than their spouses.

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior year, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trustee Expenses Included in Target Normal Cost	Actual prior year's noninvestment trust expenses, \$409,777.
Expected Return on Assets 2008 Plan Year	December 2007 section 430 24-month average without phase-in Third Segment Rate, 6.41%.
Actuarial Method	Standard Unit Credit Cost Method.
Annuity Option	Assumed to be actuarially equivalent to single life annuity.
Form/Timing	100% of retirees take single life annuity, 100% of vested terms take a lump sum deferred to age 53, 100% of actives take lump sum deferred to age 53.
Valuation Date	January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Capgemini Cash Balance Retirement Plan
 EIN: 22-3712959 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Withdrawal Table—Page 1 of 2

Termination Rates

Age	Years of Service			
	0	1	2	3+
15	5.775%	5.775%	5.775%	5.775%
16	5.775%	5.775%	5.775%	5.775%
17	5.775%	5.775%	5.775%	5.775%
18	5.775%	5.775%	5.775%	5.775%
19	5.775%	5.775%	5.775%	5.775%
20	5.775%	5.775%	5.775%	5.775%
21	5.775%	5.775%	5.775%	5.775%
22	5.511%	5.511%	5.511%	5.511%
23	5.214%	5.214%	5.214%	5.214%
24	4.983%	4.983%	4.983%	4.983%
25	4.719%	4.719%	4.719%	4.719%
26	4.488%	4.488%	4.488%	4.488%
27	4.224%	4.224%	4.224%	4.224%
28	4.191%	3.993%	3.993%	3.993%
29	4.191%	3.927%	3.795%	3.795%
30	4.191%	3.927%	3.630%	3.564%
31	4.191%	3.927%	3.630%	3.366%
32	4.191%	3.927%	3.630%	3.168%
33	4.191%	3.927%	3.630%	2.970%
34	4.191%	3.927%	3.630%	2.805%
35	4.191%	3.927%	3.630%	2.607%
36	4.191%	3.927%	3.630%	2.442%
37	4.191%	3.927%	3.630%	2.277%
38	4.191%	3.927%	3.630%	2.145%
39	4.191%	3.927%	3.630%	1.980%
40	4.191%	3.927%	3.630%	1.848%
41	4.191%	3.927%	3.630%	1.716%
42	4.191%	3.927%	3.630%	1.617%
43	4.191%	3.927%	3.630%	1.485%
44	4.191%	3.927%	3.630%	1.386%

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Capgemini Cash Balance Retirement Plan
 EIN: 22-3712959 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Withdrawal Table—Page 2 of 2

Termination and Retirement Rates for Active Participants

Age	Years of Service			
	0	1	2	3+
45	4.191%	3.927%	3.630%	1.287%
46	4.191%	3.927%	3.630%	1.188%
47	4.191%	3.927%	3.630%	1.122%
48	4.191%	3.927%	3.630%	1.023%
49	4.191%	3.927%	3.630%	0.957%
50	4.191%	3.927%	3.630%	0.891%
51	4.191%	3.927%	3.630%	0.858%
52	4.191%	3.927%	3.630%	0.792%
53	4.191%	3.927%	3.630%	0.759%
54	4.191%	3.927%	3.630%	0.726%
55	4.191%	3.927%	3.630%	3.000%
56	4.191%	3.927%	3.630%	3.000%
57	4.191%	3.927%	3.630%	3.000%
58	4.191%	3.927%	3.630%	5.000%
59	4.191%	3.927%	3.630%	5.000%
60	4.191%	3.927%	3.630%	8.000%
61	4.191%	3.927%	3.630%	8.000%
62	4.191%	3.927%	3.630%	15.000%
63	4.191%	3.927%	3.630%	10.000%
64	4.191%	3.927%	3.630%	10.000%
65	4.191%	3.927%	3.630%	75.000%
66	4.191%	3.927%	3.630%	50.000%
67	4.191%	3.927%	3.630%	50.000%
68	4.191%	3.927%	3.630%	50.000%
69	4.191%	3.927%	3.630%	50.000%
70+	4.191%	3.927%	3.630%	100.000%

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Capgemini Cash Balance Retirement Plan
 EIN: 22-3712959 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Disability Table

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Eligibility for Participation

A Covered Person shall become a Participant in the Plan on:

The first January 1 or July 1 on which he:

- (1) Is a Covered Person;
- (2) Has attained age 21; and
- (3) Has completed at least 1 Year of Eligibility Service.

Normal Retirement

Normal Retirement Eligibility

Later of:

- (1) Age 65; or
- (2) The earlier of:
 - (a) The fifth anniversary of participation; or
 - (b) The date on which the Participant completes 5 Years of Vesting service.

Normal Retirement Benefit

A monthly benefit equal to the Accrued Benefit.

Preretirement Death Benefit

Eligibility

All Participants.

Benefit

A single life annuity that is actuarially equivalent to the Participant's Cash Balance account as of the date of death.

Vested Termination Benefits

Eligibility

3 Years of Vesting Service.

Benefit

Accrued Benefit payable at normal retirement age, or an actuarially equivalent benefit payable at early retirement.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Definitions

Accrued Benefit

A monthly benefit actuarially equivalent to the value of the cash balance account at retirement comprised of interest credits and annual cash balance credits as follows:

Interest Credits—At the end of the year, interest is credited to the cash balance account as of the beginning of the year at an annual rate of 7%. In determining the Accrued Benefit, interest is credited to the later of the Normal Retirement Date or benefit commencement.

Annual Cash Balance Credits—At the end of each Plan Year, the cash balance account is credited with an amount equal to:

- (1) Plan year compensation, times
- (2) The fraction of the year during which the employee was a covered person (measured in months as a covered person divided by 12), times
- (3) A percentage factor based on age at the beginning of the plan year as follows:

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Definitions (continued)

Accrued Benefit (continued)

Age as of the First Day of the Plan Year	Percentage Factor Effective March 1, 2008
21 and below	1.50%
22	1.60%
23	1.70%
24	1.85%
25	2.00%
26	2.10%
27	2.25%
28	2.40%
29	2.60%
30	2.75%
31	3.00%
32	3.25%
33	3.50%
34	3.75%
35	4.00%
36	4.25%
37	4.50%
38	4.75%
39	5.00%
40	5.50%
41	6.00%
42	6.50%
43	6.75%
44	7.00%
45	7.50%
46	7.75%
47	8.00%
48	8.50%
49	8.75%
50	9.00%
51 and above	9.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Capgemini Cash Balance Retirement Plan
EIN: 22-3712959 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Definitions (continued)

Actuarial Equivalence

Actuarial Equivalence (other than for determining lump sums) is determined using an interest rate of 7% and the mortality rates prescribed by the Internal Revenue Service in Revenue Ruling 95-6.

Prior to January 1, 2003, determination of the lump sum actuarial equivalent value of the Accrued Benefit, Actuarial Equivalence is based on an interest rate set forth in Code Section 417(e)(3)(A)(ii) for the second calendar month preceding the calendar quarter of distribution, and the mortality rates prescribed by the Internal Revenue Service in Revenue Ruling 95-6.

As of January 1, 2003, determination of the lump sum actuarial equivalent value of the Accrued Benefit, Actuarial Equivalence is based on an interest rate set forth in Code Section 417(e)(3)(A)(ii) for the second calendar month preceding the calendar quarter of distribution, and the mortality rates prescribed by the Internal Revenue Service in Revenue Ruling 2001-62.

Effective January 1, 2008, determination of the lump sum actuarial equivalent value of the Accrued Benefit, Actuarial Equivalence is based on the three segment interest rates set forth in Code Section 417(e)(3)(A)(ii) for the second calendar month preceding the calendar quarter of distribution, and the mortality rates prescribed by the Internal Revenue Service in Revenue Ruling 2007-67.

Compensation

Compensation generally includes all pay, excluding certain amounts such as moving allowances, differentials, overseas allowances, and severance payments.

Covered Person

A Covered Person is any employee who is classified as a Vice President or above.

Eligibility Service

A Year of Eligible Service is 365 days of service, including all periods of service with the Controlled Group, whether or not consecutive.

Vesting Service

A Year of Vesting service is 12 months of service, including all periods of service with the Controlled Group, whether or not consecutive. A month of service is included in vesting service if at least 15 days of each month are included in an employee's period of service.

Capgemini**Cash Balance Retirement Plan****EIN 22-3712959, Plan No. 001****Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2009**

(a)	(b) Name of Issuer and Title of Fund	(c) Description	(d) Cost	(e) Current Value
*	Dodge & Cox Balanced Fund	Mutual Fund	\$46,331,811	<u>\$43,707,525</u>
				<u><u>\$43,707,525</u></u>

* Party in interest

See accompanying independent auditors' report

Capgemini
Cash Balance Retirement Plan
EIN 22-3712959, Plan No. 001
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Dodge & Cox	Dodge & Cox Balanced Fund	1,947,134	-	-	1,947,134	-
Dodge & Cox	Dodge & Cox Balanced Fund	3,581,406	-	-	3,581,406	-
Dodge & Cox	Dodge & Cox Balanced Fund	9,572,092	3,174,553	3,938,769	12,746,645	(764,216)
State Street Bank & Trust	Interest Bearing Cash	1,749,261	1,749,147	1,749,147	3,498,408	-

See accompanying independent auditors' report